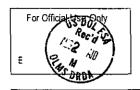
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. Name GARY Labor Organization File Number, and address of labor organization. Name GARY Labor Organization File Number GQ9-131 P.O. Box, Bidgin, Room No., if any P.O. Box, Bidgin, Room No., if any Street Loy I E 24/R Street City SPOKANCE State WA ZIP Code +4 99206 State WA. ZIP Code +4 99206 State WA. ZIP Code +4 0129 S- Position in labor organization. EXAMITICATING BORNED CITY of Indirectly and any of the following interests (except as specified in the exclusions set forth in the instructions): A. Hetd an interest in, engaged in transactions (including loans) with, or derived income or other occuprate benefit of montatory value from an employer window employer synthese employers your organization represents or is adverby scaleting in represent. **Name and address of Employer (including to a mem, if any). Name [A U 55 A COP. Trade Name, if any: Signature 15. Signature and verification. The undersigned declares, under penalty. Signature Signature 15. Signature and verification. The undersigned declares, under penalty of the penalties of the law, that all of the information submitted in this report including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned sk knowledge and belief, two, current, and complex. Gee the section on penalties in the instructions.	1. File Number U - 19973	2. Fiscal Year Covered From:
Name GARY Comparization File Number C39-10	70-11-	8/1/2cd Through: 9/1/2coy
Labor Organization File Number (29-10) P.O. Box, Bildg., Room No., if any P.O. Box, Bildg., Room No., if any Street /64/1	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Labor Organization File Number: Agg-101 P.O. Box, Bildg., Room No., if any Street /64/1 F 24/1 Street City S. P.O. Box, Bildg., Room No., if any Street /64/1 F 24/1 Street City S. P.O. Box, Bildg., Room No., if any 5. Position in labor organization. Examinating B. Card. Elected. OFF. Cele Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the excisions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other occnomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. F. Name and eddress of Employer (including trade name, if any). Name A U'STA COLD. Trade Name, if any: P.O. Box, Bildg., Room No., if any Signature 15. Signature and verification. The undersigned decisives, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been exemined by the signatory and is, to the best of the undersigned Schooledge and belief, true, correct, and complete. (See the section on penalties in the instructions). Signed Many J. Ref. A. Ref. On Illipses (See the section on penalties in the instructions).	Name GAry GEY/47	Name IBew local 77
Street City SPOKANCE State CLA ZIP Code +4 99206 State CLA. ZIP Code +4 0129 5. Position in labor organization. EXAMIGN: N.9. BOARD ELECTED OFF.Cet Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of mometary value from an employer whose employees your organization represents or is actively seeking to represent. F. Name and address of Employer (including trade name, if any). Name A V: 51A Co.P. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City SPOKANCE State CO.P. Till Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		Labor Organization File Number [039-10]
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. A. Name and address of Employer (including trade name, if any). Name A Cocp. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City S P & K a N & Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of tine law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
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Name A ViStA Corp. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City SpoKane State A 2 IP Code +4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A		
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P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City SPoKAN'e State Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Signed Company Signed Signature On 1/10/055 C5091 9 18-1495	Name A ViStA Corp.] [[
State Signature Signature Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed A and A Adam On 7/10/05 Son 15091 978-1495	Trade Name, if any:	
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Talentione Number	Signed Mary L. Effer	On 7/10/05 (5091 9 28 - 1495 Date Telephone Number